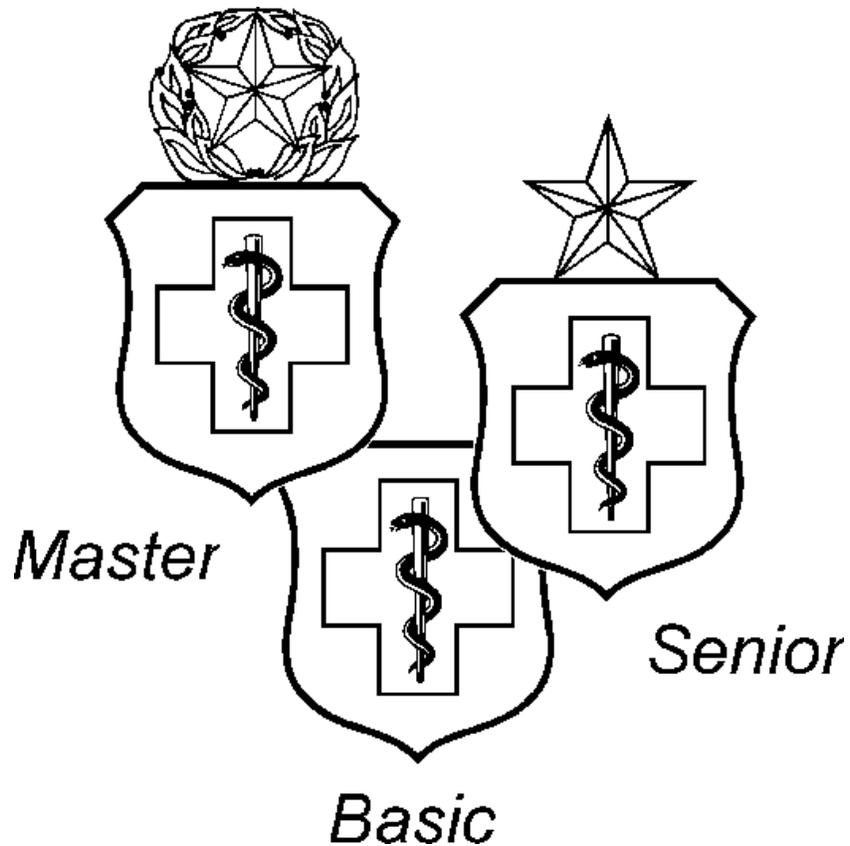


**MEDICAL SERVICE SPECIALTY  
GASTROENTEROLOGY**



**TOTAL FORCE, TOTAL CARE – EVERYTIME, ANYWHERE**

**383 Training Squadron  
Training Management Section  
2931 Harney Rd, BLDG 903  
Fort Sam Houston, TX 78234**

**QTP 4N0X1-14**  
**MEDICAL SERVICE SPECIALTY GASTROENTEROLOGY**  
**TECHNICIAN**

*Volume 14: Gastroenterology*

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Supersedes QTP 4N0X1-14, April 2005.

## INTRODUCTION

1. These Qualification Training Packages (QTPs) were developed to enhance on-the-job training for *Aerospace Medical Service Specialty* personnel. As a trainer, the QTPs provide you with the breakdown of tasks into teachable elements. The teachable elements will help you to guide the trainee toward sufficient proficiency for task performance *without assistance*. QTPs are also used by the task certifiers/certification official to evaluate trainees concerning tasks which need third-party certification.
2. Review each volume and identify which modules of QTPs are needed for the trainee's job position. Core task items are identified with the number "5" on the STS Column 2; these items are the minimum mandatory skills which are required for all 4N0X1 personnel to be proficient in performing. You have the flexibility to arrange training for each module in the order that you decide.
3. Review the subject-area tasks in each module with the trainee. Direct the trainee to review the training references to gain a better understanding of the objective for each module. If the trainee has any questions about the objective, clarify the behavior that is expected in the objective. Review the performance checklist with the trainee, and allow him/her sufficient time to learn each step (some objectives may take longer to teach). Remember--the objective of each QTP is to standardize training and to allow sufficient time for the trainee to learn each task thoroughly in order to perform the task *without assistance*.
4. When the trainee receives sufficient training and is ready to be evaluated on an objective, follow the evaluation instructions. The performance checklist must be used as you evaluate each task objective. When the trainee successfully accomplishes the objective, document task completion appropriately in AFTR.
5. The QTP task completion is to be annotated on AF Form 1098, *Special Task Certification and Recurring Training*, filed in Part 3, Section B in AFTR. **NOTE:** The individual checklists are **not** filed in each member's AFTR. A master checklist is filed in Part 3, Section B of the hardcopy Master Training Plan (MTP) folder.
6. If the trainee does not accomplish the objective, review the areas which need remediation. Conduct a feedback concerning each module with the trainee, and document appropriately in AFTR. As the trainer, when you are satisfied that the trainee is qualified to perform the task, he/she will be re-evaluated until the objective is met.
7. If the task which is being trained requires third-party certification by a task certifier/certifying official, the trainer first must ensure that the trainee is qualified to perform the task *without assistance*. Then the trainee will be evaluated by a task certifier/certifying official. The tasks which require third-party certification are denoted with a "A" in Column 3E of the Career Field Education and Training Plan (CFETP). After third-party certification, training qualification is documented appropriately in AFTR.
8. The QTPs are a necessary tool for standardizing refresher/sustainment training. Such standardization will benefit the CFETP training concept throughout each member's career. These documents also will be utilized for assessing/certifying the Aerospace Medical Service Specialist each time that he/she is assigned to a new duty position. The QTP developers' goal is to publish a usable document for certifying officials, trainers, and trainees for the purpose of enhancing on-the-job training for *Aerospace Medical Service Specialty* personnel. We value your first-hand expertise, and we encourage your feedback. Direct all inquiries to:

383d TRAINING SQUADRON/TRR  
c/o 4N0X1 CDC WRITER/MANAGER  
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***ASSISTING WITH COLONOSCOPY/ASSISTING WITH HOT  
BIOPSY/ASSISTING WITH COLD SNARE/FORCEPS  
BIOPSY/POLYPECTOMY***

|                                |  |
|--------------------------------|--|
| <b>SUBJECT AREA:</b>           | Gastroenterology.  |
| <b>TASK(s):</b>                | Assist with colonoscopy/hot biopsy or cold snare/forceps biopsy or polypectomy   |
| <b>CFETP/STS REFERENCE(s):</b> | Pertinent AF Form 797 and/or local AF 2519, All Purpose Checklist  |
| <b>EQUIPMENT REQUIRED:</b>     | Colonoscope and accompanying data unit; light source, suction source, 10% formalin jars, biopsy forceps/snare, suction polyp trap, cup of tapwater for suction / air (or CO2) / flush function check, simethicone per local policy; one to two sterile water bottles, lubricant jelly, 4x8 gauze pads, oxygen supply, vital signs monitor (pulse oximetry, ECG, blood pressure capabilities), gloves, face shield, disposable gown, colonoscope channel cleaning brush, enzymatic cleaner per local / sterilizer manufacturer policy   |
| <b>TRAINING REFERENCE(s):</b>  | <u>Lippincott Manual of Nursing Practice</u> , (current edition); <u>Gastrointestinal Diseases</u> , Volume I and II, (current edition); <u>Gastroenterology Assistant</u> , (current edition); <u>Manual of Gastrointestinal Procedures</u> , (current edition).<br>Local Endoscope/Colonoscope Sterilizer Manufacturer Guidelines(for current local machine)   |
| <b>REMARKS/NOTES:</b>          | <b>** Re-verify that patient is not</b> currently on anticoagulation therapy, aspirin, or nonsteroidal anti-inflammatory drugs. During the procedure, monitor the patient's clinical status, especially rate and depth of respiration. Positively encourage the patient with a soft voice, gentle touching, and by repositioning the patient comfortably. Relay any concern to the physician about the clinical status of the patient immediately. Trainees will be familiar with conscious sedation procedures and knowledgeable of the medications used locally for conscious sedation. Trainee will be familiar with overdose reversal/crash cart retrieval within unit. Trainee will be familiar with CPGs related to colonoscopy diagnostic testing // contraindications for procedure. |

**OBJECTIVE:**

The trainee will successfully demonstrate without error the performance aspects of assisting with colonoscopy/hot biopsy or cold snare/forceps polypectomy or biopsy.

**EVALUATION INSTRUCTIONS:**

1. After the trainee has received instruction, allow sufficient practice on each part of the task.

|  |
|--|
| 2. The evaluator will <b>STOP</b> the procedure immediately and correct the trainee if performance could become detrimental to patient safety at any time. |
|--|

3. Use the performance checklist to ensure all steps of the task are accomplished.
4. Document task competency upon completion of the evaluation in the trainee's AFTR. Initial evaluation should be documented in the AFTR. All recurring evaluations should be documented on AF Form 1098/QTP Training.

| PERFORMANCE ITEM  | SAT | UNSAT |
|---|-----|-------|
| <b>SET UP FOR COLONOSCOPY</b>   |     |       |
| 1. Ensure Emergency Equipment / Crash cart operational and available prior to procedure start.  |     |       |
| 2. Attain ≥ 12 oz cup of tap water with simethicone (per local procedure) for air and suction function checks   |     |       |
| 3. Attain ≥ 12 oz cup of diluted enzymatic solution (per sterilizer manufacturer guidelines) for colonoscope channel clearance post procedure/pre-cleaning prior to sterilization |     |       |
| 4. Obtain appropriate colonoscope (pediatric or adult)  |     |       |
| 5. Connect scope to light source / main data processor. Set protective cover aside.   |     |       |
| 6. Turn on main processing unit / digital photography/recording equipment)  |     |       |
| 7. Insert air/water and suction buttons   |     |       |
| 8. Connect sterile water bottle(s) and suction apparatus. Set suction to full setting.  |     |       |
| 9. Function check the colonoscope for suction w/cup of tap water and simethicone (per local policy)   |     |       |
| 10. Function check the colonoscope for air by inserting it into the cup of tap water and observe for bubbles  |     |       |
| 11. Function check colonoscope for flush capability and observe drops of water from colonoscope.  |     |       |
| 12. Turn scope light on/white balance color scheme  |     |       |
| 13. Ensure viewing screens for procedure are functional   |     |       |
| 14. Ensure hot and cold biopsy/polypectomy supplies available/set up for use (see below for detailed instructions)  |     |       |
| 15. Input patient demographics  |     |       |
| <b>ASSIST WITH COLONOSCOPY</b>  |     |       |
| 1. Identify patient, explain procedure and validate written consent   |     |       |
| 2. Verify pre-procedure bowel preparation   |     |       |
| 3. Wash hands and don protective attire   |     |       |
| 4. Procedure team (Physician, Nurse and 4N0X1) Performs Final Procedure Time Out  |     |       |
| 5. Assure supplies/equipment are available for standard special procedures  |     |       |
| a. Hot (electrocautery) Biopsy  |     |       |
| b. Cold snare/forceps biopsy or polypectomy   |     |       |
| c. Balloon dilatation   |     |       |
| 6. Position patient in left lateral recumbent position/drape appropriately  |     |       |
| 7. Provide light source // lubricant jelly on 4X8 gauze pads for digital rectal exam  |     |       |
| 8. Assist physician as necessary with colonoscopy and directed biopsies/ polypectomies  |     |       |
| 9. Monitor patient as required for conscious sedation / apply oxygen to patient as directed   |     |       |
| 10. Replace protective cover immediately after colonoscope disconnection from main data processor to protect sensitive instrument parts   |     |       |
| 11. Preclean colonoscope with enzymatic cleaner per local sterilizer manufacturer procedure with channel brush (at least brush 3 passes per channel)                              |     |       |

|   |  |  |
|---|--|--|
| 12. Sterilize colonoscope per local manufacturer guidelines   |  |  |
| 13. Ensure all patient data/pictures/procedure information cleared from main data processor / given to recovery room personnel  |  |  |
| 14. Disinfect bed/work area prior to next patient   |  |  |
| 15. Verify post-procedure discharge instructions were given to patient and family member  |  |  |
| <b>ASSIST WITH HOT BIOPSY /POLYPECTOMY</b>  |  |  |
| 1. Attach grounding pad to patient  |  |  |
| 2. Connect active cord to hot biopsy forceps or snare device  |  |  |
| 3. Select generator settings as directed by physician/IAW manufacturers   |  |  |
| 4. Consider use of suction trap; retrieve/remove suction trap device and attach to suction channel while directing provider to hold continuous suction until device is properly attached. |  |  |
| 5. Remove hot snare/forceps from package. Perform open/close functionality check on snare/forceps function prior to handing to physician.   |  |  |
| 6. Open/Close snare/forceps around biopsy area upon physician direction   |  |  |
| 7. Carefully remove snare wire from scope channel upon physician direction  |  |  |
| 8. Wrap snare wire into original packaging until next needed use.   |  |  |
| 9. If suction trap used, when biopsy material is seen in trap, direct physician to hold suction while trap is removed and suction tubing is reconnected.                                  |  |  |
| 10. Place each biopsy material from separate locations in individual 10% formalin solution. Re-verify each biopsy location upon labeling specimen containers                              |  |  |
| 11. Continue with process until all biopsies have been removed  |  |  |
| 12. Discard snare/forceps in sharps container when procedure complete.  |  |  |
| 13. Process specimens according to local policy for pathology   |  |  |
|   |  |  |
| <b>ASSIST WITH COLD SNARE/FORCEPS BIOPSY</b>  |  |  |
| 1. Consider use of suction trap; retrieve/remove trap device and attach to suction channel while directing provider to hold continuous suction until device is properly attached.         |  |  |
| 2. Remove appropriate sized cold snare/forceps from package. Perform open/close functionality check on snare/forceps function prior to handing to physician.                              |  |  |
| 3. Open/Close snare/forceps around biopsy area on physician direction   |  |  |
| 4. Carefully remove wire from scope channel upon physician direction  |  |  |
| 5. Wrap snare/forceps wire into packaging until next needed use.  |  |  |
| 6. If suction trap used, when biopsy material is seen in trap, direct physician to hold suction while trap is removed and suction tubing is reconnected.                                  |  |  |
| 7. Place each biopsy material from separate locations in individual formalin solution. Re-verify each biopsy location upon labeling specimen containers                                   |  |  |
| 8. Continue with process until all biopsies have been removed   |  |  |
| 9. Discard snare/forceps in sharps container when procedure complete.   |  |  |
| 10. Process specimens according to local policy for pathology   |  |  |

**FEEDBACK:** Using this checklist as a source of information, discuss the trainee's performance indicating strengths, weaknesses, suggested improvements, etc. If the trainee performed all steps of the task satisfactorily, document the results in the trainee's AFTR record.

***ASSISTING WITH RIGID OR FLEXIBLE SIGMOIDOSCOPE***

|                                |   |
|--------------------------------|---|
| <b>SUBJECT AREA:</b>           | Gastroenterology.   |
| <b>TASK(s):</b>                | Assist with flexible sigmoidoscope.   |
| <b>CFETP/STS REFERENCE(s):</b> | Pertinent AF Form 797.  |
| <b>EQUIPMENT REQUIRED:</b>     | Sigmoidoscope and accompanying data unit, light source, suction source, 10% formalin jars, biopsy forceps/snare, lubricant jelly, 4x8 gauze pads, suction polyp trap, oxygen supply, gloves, face shield, disposable gown, ≥ 12 oz cup of tap water for suction / air / flush function check, simethicone per local policy; one to two sterile water bottles, lubricant jelly, 4x8 gauze pads, oxygen supply, vital signs monitor (pulse oximetry, ECG, blood pressure capabilities), gloves, face shield, disposable gown, sigmoidoscope channel cleaning brush, enzymatic cleaner per local / sterilizer manufacturer policy  |
| <b>TRAINING REFERENCE(s):</b>  | <u>Lippincott Manual of Nursing Practice</u> , (current edition); <u>Gastrointestinal Diseases</u> , Volume I and II, (current edition); <u>Gastroenterology Assistant</u> , (current edition); <u>Manual of Gastrointestinal Procedures</u> , (current edition).   |
| <b>REMARKS/NOTES:</b>          | <b>** Re-Verify</b> patient is <b>not</b> currently on anticoagulation therapy, aspirin, or non-steroidal anti-inflammatory drugs. During the procedure, monitor the patient's clinical status, especially rate and depth of respiration. Positively encourage the patient with a soft voice, gentle touching, and by repositioning the patient comfortably. Relay any concern to the physician about the clinical status of the patient immediately. Trainees will be familiar with conscious sedation procedures and knowledgeable of the medications used locally for conscious sedation. Trainee will be familiar with overdose reversal/crash cart retrieval within unit. Trainee will be familiar with CPGs related to colonoscopy diagnostic testing // contraindications for procedure. |

**OBJECTIVE:**

The trainee will successfully demonstrate without error the setup/performance aspects of assisting with rigid or flexible sigmoidoscope

**EVALUATION INSTRUCTIONS:**

1. After the trainee has received instruction, allow sufficient practice on each part of the task.

2. The evaluator will **STOP** the procedure immediately and correct the trainee if performance could become detrimental to patient safety at any time.

3. Use the performance checklist to ensure all steps of the task are accomplished.

4. Document task competency upon completion of the evaluation in the trainee's AFTR record. Initial evaluation should be documented in the CFETP. All recurring evaluations should be documented on AF Form 1098.

| PERFORMANCE ITEM  | SAT | UNSAT |
|---|-----|-------|
| <b>SET UP FOR RIGID/FLEXIBLE SIGMOIDOSCOPY</b>  |     |       |
| 1. Ensure Emergency Equipment / Crash cart operational and available prior to procedure start.                  |     |       |
| <b>ASSIST WITH RIGID SIGMOIDOSCOPY</b>  |     |       |
| 1. Identify patient, explain procedure and validate written consent   |     |       |
| 2. Administer cleansing enemas (if not already self-administered)   |     |       |
| 3. Don protective attire  |     |       |
| 4. Obtain rigid sigmoidoscope   |     |       |
| 5. Attach light source as applicable  |     |       |
| 6. Set up supplies for // be prepared to assist with hot or cold biopsy/polypectomy                             |     |       |
| ** Full Procedure Team Performs Final Time Out -- physician, nurse and 4N0X1                                    |     |       |
| 7. Position patient in left lateral recumbent position/drape appropriately                                      |     |       |
| ** Provide light source // surgilube for digital rectal exam if needed  |     |       |
| 8. Assist physician with procedure as needed  |     |       |
| 9. Verify post-procedure discharge instructions were given  |     |       |
| <b>ASSIST WITH FLEXIBLE SIGMOIDOSCOPY</b>   |     |       |
| 1. Identify patient, explain procedure, and validate written consent  |     |       |
| 2. Administer cleansing enemas (if not already self-administered)   |     |       |
| 3. Don protective attire  |     |       |
| 4. Obtain clean flexible sigmoidoscope (will vary with manufacturer)  |     |       |
| 5. Attach appropriate air/water & suction buttons   |     |       |
| 6. Insert umbilicus into jack on light source/connect processor adaptor   |     |       |
| 7. Attach water bottle with simethicone (per local procedure) and suction                                       |     |       |
| 8. Turn on accessory equipment (processor/light source/VCR/printer)   |     |       |
| 9. Perform preparation inspection/white balance/split screen  |     |       |
| 10. Perform 9. Function check the colonoscope for suction w/cup of tap water and simethicone (per local policy) |     |       |
| 11. Function check the colonoscope for air by inserting it into the cup of tap water                            |     |       |
| 12. Function check colonoscope for flush capability and observe drops of water                                  |     |       |
| Procedure team (Physician, Nurse and 4N0X1) Performs Final Procedure Time Out (use AFMOA language)              |     |       |
| ** Ensure photo paper // digital photography equipment proper function  |     |       |
| 10. Input patient data as local software dictates (i.e. Endospeak)  |     |       |
| 11. Position patient in left lateral recumbent position/drape appropriately                                     |     |       |
| ** Provide light source // surgilube for digital rectal exam as needed  |     |       |
| 12. Assist physician with procedure as needed   |     |       |
| 13. Monitor patient for possible complications  |     |       |
| 14. Preclean and sterilize/high-level disinfect endoscope   |     |       |
| 15. Disinfect bed/work area prior to next patient   |     |       |
| <b>FINAL RESULT:</b>  |     |       |
|   |     |       |

**FEEDBACK:** Using this checklist as a source of information, discuss the trainee's performance indicating strengths, weaknesses, suggested improvements, etc. If the trainee performed all steps of the task satisfactorily, document the results in the trainee's AFTR.

***PERFORM MANUAL PRECLEANING OF ENDOSCOPE***

**SUBJECT AREA:** Gastroenterology.

**TASK(s):** Perform manual precleaning of endoscope.

**CFETP/STS REFERENCE(s):** Pertinent AF Form 797.

**EQUIPMENT REQUIRED:** Leakage tester, enzymatic detergent, channel cleaning brush, 30 cc syringe.

**TRAINING REFERENCE(s):** Guidelines for the use of high-level disinfectants and sterilants for reprocessing of flexible gastrointestinal endoscopes, Society of Gastrointestinal Nurses and Associates, Inc., 2000  
APIC guideline for infection prevention and control in flexible endoscopy, Association for Professional in Infection Control and Epidemiology, Inc., PA 3., 2000  
 Video and Manual for disinfection of endoscopes by Olympus America

**REMARKS/NOTES:** **\*\*Instruments failing the leak test cannot be processed in mechanical processors without causing extensive fluid invasion or damage to the internal components of the endoscope. Local directives will need to address adequate sterilization methods (i.e. cold sterilization) prior to sending the scope for repair.**  
**\*\*If a scope fails a leak test, the leak tester must remain attached during manual and mechanical cleaning. This ensures liquid does not enter and further damage the scope.**

**OBJECTIVE:** The trainee will successfully demonstrate without error the performance of manual cleaning of an endoscope.

**EVALUATION INSTRUCTIONS:**

1. After the trainee has received instruction, allow sufficient practice on each part of the task.

2. The evaluator will **STOP** the procedure immediately and correct the trainee if performance could become detrimental to patient safety at any time.

3. Use the performance checklist to ensure all steps of the task are accomplished.

4. Document task competency upon completion of the evaluation in the trainee's AFTR record. Initial evaluation should be documented in the CFETP. All recurring evaluations should be documented on AF Form 1098.

**Vol.14 Module 3**

*Perform manual precleaning of endoscope*

| <b>PERFORMANCE ITEM</b>   | <b>SAT</b> | <b>UNSAT</b> |
|---|------------|--------------|
| <b>PERFORMING MANUAL PRECLEANING OF ENDOSCOPE</b>   |            |              |
| 1. Gather supplies/equipment  |            |              |
| 2. Don protective attire  |            |              |
| ** Handle scope with care, so as not to damage fiberoptic threads in scope; do not coil very tightly or kink tubing |            |              |
| 3. Suction water // diluted enzymatic cleaner through endoscope   |            |              |
| 4. Shut down electrical components  |            |              |
| 5. Detach scope from processor  |            |              |
| 6. Attach protective cap  |            |              |
| 7. Submerge in tap water/perform leak test**  |            |              |
| 8. Disconnect leak tester to passively release residual air   |            |              |
| 9. Inspect for external damage/excess wear/inoperability  |            |              |
| 10. Soak/wash in enzymatic detergent IAW manufacturer recommendations   |            |              |
| 11. Brush working channels (at least 3 times)   |            |              |
| 12. Brush air/water/suction ports   |            |              |
| 13. Wash/brush air/water and suction buttons  |            |              |
| 14. Rinse thoroughly with tap water   |            |              |
| 15. Attach to //Perform disinfection/sterilization per local guidelines // sterilizer guidelines                    |            |              |
|   |            |              |
| <b>FINAL RESULT:</b>  |            |              |

**FEEDBACK:** Using this checklist as a source of information, discuss the trainee's performance indicating strengths, weaknesses, suggested improvements, etc. If the trainee performed all steps of the task satisfactorily, document the results in the trainee's AFTR record.

***ASSISTING WITH ESOPHAGOGASTRODUODENOSCOPY (EGD)***

**SUBJECT AREA:** Gastroenterology.

**TASK(s):** Assist with upper endoscopic examination.

**CFETP/STS REFERENCE(s):** Pertinent AF Form 797.

**EQUIPMENT REQUIRED:** Upper endoscope, light source, bite block, 2% viscous lidocaine, topical anesthetic spray, two suction sources, oral suction, water bottle, sterile water, oxygen with nasal cannula, ECG monitor available, pulse oximeter, blood pressure cuff or monitor, biopsy forceps, 10% formalin jars, gloves, face shield, disposable gown.

**TRAINING REFERENCE(s):** Lippincott Manual of Nursing Practice, (current edition); Gastrointestinal Diseases, Volume I and II, (current edition); Gastroenterology Assistant, (current edition); Manual of Gastrointestinal Procedures, (current edition).

**REMARKS/NOTES:** **\*\*Re-Verify** that patient is not currently on anticoagulation therapy, aspirin, or non-steroidal anti-inflammatory drugs. Reassure the patient that the endoscope will not interfere with breathing. Trainees will be familiar with conscious sedation procedures and knowledgeable of the medications used locally for conscious sedation. Trainee will be familiar with overdose reversal/crash cart retrieval within unit. Trainee will be familiar with CPGs related to colonoscopy diagnostic testing // contraindications for procedure.

**OBJECTIVE:** The trainee will successfully demonstrate without error the performance aspects of assisting with an EGD examination.

**EVALUATION INSTRUCTIONS:**

1. After the trainee has received instruction, allow sufficient practice on each part of the task.

2. The evaluator will **STOP** the procedure immediately and correct the trainee if performance could become detrimental to patient safety at any time.

3. Use the performance checklist to ensure all steps of the task are accomplished.

4. Document task competency upon 16 completion of the evaluation in the

trainee's AFTR record. Initial evaluation should be documented in the CFETP. All recurring evaluations should be documented on AF Form 1098.

| PERFORMANCE ITEM  | SAT | UNSAT |
|---|-----|-------|
| <b>ASSIST WITH UPPER ENDOSCOPIC EXAMINATION</b>                                     |     |       |
| 1. Identify patient, explain procedure and validate written consent                 |     |       |
| 2. Verify NPO status, < 6 months: 4hrs, 6-36 months: 6 hrs, > 36 months: 8hrs       |     |       |
| 3. Wash hands and don protective attire   |     |       |
| 4. Obtain appropriate endoscope   |     |       |
| 5. Attach air/water and suction buttons/lubricate with oil as needed                |     |       |
| 6. Connect scope to light source and processor                                      |     |       |
| 7. Turn equipment on (processor/light source/VCR/printer)                           |     |       |
| 8. Connect water bottle and suction   |     |       |
| 9. Turn scope light on/white balance color scheme                                   |     |       |
| 10. Split photograph screen   |     |       |
| 11. Input patient demographics as applicable  |     |       |
| 12. Perform preoperation inspection (air/water/suction)                             |     |       |
| 13. Set up emergency equipment  |     |       |
| 14. Set up supplies/equipment for standard special procedures                       |     |       |
| a. Hot or Cold tissue biopsy  |     |       |
| b. Snare polypectomy  |     |       |
| c. Heater probe/gold probe electrocautery   |     |       |
| d. Schlerotherapy   |     |       |
| e. Balloon dilatation   |     |       |
| 15. Position patient/drape appropriately  |     |       |
| 16. Assist physician as necessary   |     |       |
| ** Perform final Procedure Time Out   |     |       |
| 17. Monitor patient as required for conscious sedation                              |     |       |
| 18. Preclean and sterilize/high-level disinfect endoscope                           |     |       |
| 19. Disinfect bed/work area prior to next patient                                   |     |       |
| 20. Verify post-procedure discharge instructions were given                         |     |       |
| <b>ASSIST WITH HOT BIOPSY OR SNARE POLYPECTOMY</b>                                  |     |       |
| 1. Set up electrosurgical generator (i.e. Endostat, Valleylab or equivalent)        |     |       |
| 2. Attach grounding pad to patient  |     |       |
| 3. Connect active cord to hot biopsy forceps or snare device                        |     |       |
| 4. Select generator settings as directed by physician/IAW manufacturers instruction |     |       |
| 5. Perform biopsy or polypectomy as directed by physician                           |     |       |
| 6. Process specimens for pathology  |     |       |

**FEEDBACK:** Using this checklist as a source of information, discuss the trainee's performance indicating strengths, weaknesses, suggested improvements, etc. If the trainee performed all steps of the task satisfactorily, document the results in the trainee's AFTR record.

***PERFORM STERILIZATION OF ENDOSCOPE***

**SUBJECT AREA:** Gastroenterology.

**TASK(s):** Perform sterilization of endoscope.

**CFETP/STS REFERENCE(s):** Pertinent AF Form 797.

**EQUIPMENT REQUIRED:** Automated endoscope processor

**TRAINING REFERENCE(s):** Guidelines for the use of high-level disinfectants and sterilants for reprocessing of flexible gastrointestinal endoscopes, Society of Gastrointestinal Nurses and Associates, Inc., 2000  
APIC guideline for infection prevention and control in flexible endoscopy, Association for Professional in Infection Control and Epidemiology, Inc., PA 3., 2000  
 Video and Manual for disinfection of endoscopes by Olympus America

**REMARKS/NOTES:** \*\*The elevator channel of diagnostic/therapeutic duodenoscopes requires repeated flushing with disinfectant and alcohol. Most mechanical processors do not have adaptors for the channel. Failure to properly irrigate this channel between uses has been shown to contribute to disease transmission and patient infection. See the manufacturers guide for further guidance.  
 \*\*Most Current endoscopes and manual/mechanical scope cleaners have an adapter for the alcohol flush and it is called an auxiliary port

**OBJECTIVE:** The trainee will successfully demonstrate without error the performance aspects of performing sterilization of endoscope.

**EVALUATION INSTRUCTIONS:**

1. After the trainee has received instruction, allow sufficient practice on each part of the task.

2. The evaluator will **STOP** the procedure immediately and correct the trainee if performance could become detrimental to patient safety at any time.

3. This assessment should not be performed using real patient in an emergency situation.

4. Use the performance checklist to 19 ensure all steps of the task are accomplished.

5. Document task competency upon completion of the evaluation in the trainee's AFTR record. Initial evaluation should be documented in the CFETP. All recurring evaluations should be documented on AF Form 1098.

| <b>PERFORMANCE ITEM</b>  | <b>SAT</b> | <b>UNSAT</b> |
|--|------------|--------------|
| <b>PERFORMING COLD STERILIZATION OF ENDOSCOPE</b>  |            |              |
| 1. Gather supplies/equipment   |            |              |
| 2. Don protective attire   |            |              |
| 3. Ensure adequate precleaning was performed   |            |              |
| 4. Ensure well-ventilated working area   |            |              |
| 5. Submerge entire scope in sterilization solution/document time   |            |              |
| 6. Soak in sterilant (ie glutaraldehyde) IAW manufacturer's instructions   |            |              |
| 7. Rinse thoroughly  |            |              |
| 8. Flush inner channels with isopropyl alcohol   |            |              |
| 9. Hang in clean area to air dry   |            |              |
| <b>PERFORM MECHANICAL STERILIZATION OF ENDOSCOPE<br/>STERIS II PROCESSOR</b>   |            |              |
| 1. Don protective attire   |            |              |
| 2. Insert acid/buffer canister   |            |              |
| 3. Rest scope in appropriate tray  |            |              |
| 4. Connect endoscope to adapters   |            |              |
| 5. Insert chemical strip   |            |              |
| 6. Perform/document biological testing   |            |              |
| 7. Initiate cleaning cycles  |            |              |
| 8. Log sterilization data from printout  |            |              |
| 9. Flush endoscope with isopropyl alcohol  |            |              |
| 10. Hang to air dry  |            |              |
| 11. Wipe down external surfaces of sterilizer  |            |              |
| 12. Wash hands   |            |              |
| <b>OLYMPUS/ETC (Follow manufacturer's instructions for the proper<br/>connection of individual scope to the processor)</b> |            |              |
| 1. Don protective attire   |            |              |
| 2. Ensure adequate levels of detergent, alcohol, and disinfectant  |            |              |
| 3. Connect endoscope to adapters   |            |              |
| 4. Close lid, enter scope/operator demographics  |            |              |
| 5. Run cleaning cycle  |            |              |
| 6. Monitor processors for cycle completion   |            |              |
| 7. Remove scopes, hang to air dry  |            |              |
| 8. Wipe down external surfaces of processor  |            |              |
| 9. Wash hands  |            |              |
| <b>FINAL RESULT:</b>   |            |              |

**FEEDBACK:** Using this checklist as a source of information, discuss the trainee's performance indicating strengths, weaknesses, suggested improvements, etc. If the trainee performed all steps of the task satisfactorily, document the results in the trainee's AFTR record.